



Training to Save Lives

Story and Photos by Heike Hasenauer

Active-duty military personnel volunteered to “go under the knife” as part of an annual medical training exercise called Operation Pacific Warrior.

(Left) Operating-room technician PFC Katie Evans reassures a patient as staff nurse-anesthetist CPT Kyle Ewing administers a local anesthetic before the patient's surgery.

(Right) Dr. (MAJ) Michael Kelly (at left), a Reservist performing active-duty training at Tripler Army Medical Center, and Dr. (COL) Eric Johnson, TAMC's assistant chief of general surgery, scrub up before a procedure.

IN the field hospital on the Hawaiian island of Oahu, licensed practical nurse SSG Donald Dickerson checked his pre-op list to ensure the staff sergeant who was to undergo a hernia operation had fasted overnight, voided and taken prescribed medication. Then he hooked up the soldier's I.V. and assured him everything would be all right.

Inside the combat support hospital's operating room, CPT Kyle Ewing, a nurse-anesthetist, also from Oahu's Tripler Army Medical Center, sat at the head of an operating-room table, reassuring another patient who was to have a painful cyst

removed from her lower back.

The big, round smiley faces on Ewing's colorful headscarf momentarily distracted the young woman from what was about to take place.

As operating-room technician PFC Katie Evans helped to steady the woman in a sitting position, Ewing eased a long needle into her back.

Soon afterward, Dr. (COL) Eric Johnson, TAMC's assistant chief of general surgery, and Dr. (MAJ) Michael Kelly, an Army Reservist with the 1984th U.S. Army Hospital Detachment at Tripler, entered the OR to begin their work.

The surgeries to remove a quarter-size cyst from one patient and repair the hernia of another were among 16 surgeries — including tonsillectomies and other procedures — conducted in the field hospital over a two-day period.

The patients, all active-duty military personnel, had all volunteered to “go under the knife” as part of an annual medical training exercise called Operation Pacific Warrior.

Patients arrived at the Corps Area Support Hospital, which was set up at Wheeler Army Airfield, near Schofield Barracks, on Oahu — home of the 25th Infantry Division — as casualties would in war: Some arrived by ground ambulance, others were flown in





by the 68th Medical Company, an air-ambulance unit also stationed on the island.

The exercise hones the skills of medical personnel who are pre-assigned to units other than their own to fill vacancies when those units deploy to contingency operations through a program called PROFIS – for professional filler system, said LTC Nancy Hughes, chief nurse for the exercise, and director of the OB/GYN Nursing Section at TAMC.

The personnel represent every medical specialty from cardiology to gynecology and pediatrics. Most of the soldiers are “PROFISed” to field medical units in Korea, Hughes said. But some are assigned to 25th Inf. Div. units that have been rotating in and out of the Balkans.

Dr. (COL) Paul Wingo, TAMC troop commander, said more than 550 Army medical personnel in Hawaii are part of the PROFIS program.

“To ensure they’re ready to do what’s expected of them in a field-medical environment, they’re required to undergo a minimum of five days’ field training annually, either by deploying to the field with another unit or participating in this type of exercise,” Hughes added. “Our people often deploy to Korea for one to two weeks to train with the units they’d be assigned to.”

Operation Pacific Warrior required participants to not only perform their medical roles in the field, but help set

up and tear down the CASH, which, for the exercise, was configured as a 32-bed hospital with two operating rooms, said Dr. (LTC) Richard Stack, chief of TAMC’s Urology Department. In combat, the CASH’s capacity can be increased to 296 beds.

“It took us three days to set up,” said MSG Trevor Flemming, the exercise first sergeant and chief clinical NCO for TAMC’s Department of Surgery. In a real-life situation, the hospital would go up much more quickly. But, because some of the soldiers had never performed this function before, “we used the crawl,

walk, run method of training,” Fleming said.

Ten-person teams were responsible for setting up the air-conditioning system, power lines and water sources, said Hughes. “We’re learning to be self-sufficient, so we don’t have to depend on others to help us set up in real-world situations,” Hughes said.

Exercise participants also trained on such hospital equipment as ventilators, electrocardiogram machines and defibrillators, and underwent refresher classes on subjects such as combat stress, shock trauma, triage and decontaminating patients exposed to

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(Above) Pharmacy technicians SGT Matthew Howell (seated) and SGT Roger Soriano fill physicians' requests for various drugs during the exercise.

(Left) SSG Donald Dickerson, a licensed practical nurse at TAMC, completes a patient checklist before Air Force Staff Sgt. Todd Kinsey enters surgery.

(Far left) LTC Nancy Hughes, chief nurse for the exercise, leaves the field hospital to coordinate plans for a mass-casualty drill.

chemical-biological agents, said Flemming.

A life-like mannequin called the "patient simulator" helped participants identify various injuries and provide appropriate care.

The training culminated in a mass-casualty scenario that allowed everyone to play a role, putting to use what they learned, Flemming said.

Dr. (CPT) Vu Truong, a TAMC obstetrician, said, "I haven't just been sitting here waiting for patients to come in; I pulled KP this morning.

"This training is beneficial because this is what I'll be doing in a hostile

environment. I'll be expected to perform tasks besides those of a physician," Truong said.

Field medical training is beneficial, too, in that it exposes medical teams to the unique aspects of field medicine, he said. "At a medical center, we don't typically have patients coming in by military trucks and helicopters. And the patients we see are not usually trauma patients."

"This gives me a much better idea of the type of patients I'd see in a combat environment," added SPC Kelly Hilson, an emergency medical technician at TAMC.

2LT Ericka Napier, a TAMC medical-surgical nurse, said: "Nursing doesn't really change; the equipment we use in the field does. Here, we don't have automatic blood-pressure cuffs, electronic beds or I.V pumps. We have to calculate dosages manually. We do a lot of paper charting, as opposed to computer charting."

Another distinct difference in the field is "you're heavier," Napier said. "And wearing the combat gear is a constant reminder that what we're doing here in training could mean the difference between life and death for soldiers in combat." □